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Fee Transmittal Form (PTO/SB/17): (1 sheet)  
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Reply to Office Action: (5 sheets)

Application Number 09/736,430  
Confirmation No.: 8766  
Filing Date: 15 December 2000  
Document Submission Date: 30 January 2007


Art Unit: 2617  
Examiner: Contee, Joy Kimberly  
Inventor: Cloutier, Jocelyn

**Docket: 113592 (1014-087)****Pages: 8**30 Jan 2007

Date

Eden Brown

Name of Certifier



Signature of Certifier

JAN 30 2007

PTO/SB/17 (12-04)

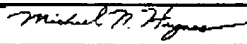
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/736,430
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>1050.00</b>		Filing Date	15 December 2000
		First Named Inventor	Cloutier, Jocelyn
		Examiner Name	Contee, Joy Kimberly
		Art Unit	2617
		Attorney Docket No.	113592 (1014-087)

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 50-2504
Deposit Account Name: Michael N. Haynes	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17.	<input checked="" type="checkbox"/> Credit any overpayments
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<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		<b>Fee (\$)</b>
- 20 or HP = 0		x 50	= 0	Fee (\$)		Fee Paid (\$)	0
HP = highest number of total claims paid for, if greater than 20							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 3 or HP = 0		x 200	= 0				
HP = highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 100 =	/ 50 = 0	(round up to a whole number) x	250	= 0			
<b>4. OTHER FEE(S)</b>							
Non-English Specification: \$130 fee (no small entity discount)				<b>Fees Paid (\$)</b>			
Other: Third Month Extension				0			
				<b>1050</b>			

<b>SUBMITTED BY</b>		
Signature		Registration No. 40,014 (Attorney/Agent)
Name (Print/Type)	Michael N. Haynes	Telephone 434-972-9988
		Date 30 Jan 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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**PATENT**  
**Application # 09/736,430**  
**Attorney Docket # 113592 (1014-087)**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Cloutier, Jocelyn  
Application # : 09/736,430  
Confirmation # : 8766  
Filed : 15 December 2000  
Application Title : Synchronous Transmission of Data with Network Remote Control  
Art Unit # : 2617  
Latest Examiner : Contee, Joy Kimberly

**Mail Stop Amendment**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REPLY TO OFFICE ACTION**

In reply to the Office Action mailed on 31 July 2006, the period for response having been extended herein to 31 January 2007 by payment of the requisite fee for a Petition for Extension of Time under 37 C.F.R. 1.136(a), the following amendments and remarks are respectfully submitted:

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